

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 28, 1990

ALL-COUNTY LETTER NO. 90-23

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES CHARACTERISTICS SURVEY

The purpose of this letter is to notify you that the State Department of Social Services (SDSS), Statistical Services Bureau will be conducting an In-Home Supportive Services (IHSS) Characteristics Survey. The survey is being conducted to capture general IHSS recipient characteristics.

The survey will focus on recipient characteristics which are not available through the Case Management Information and Payrolling System (CMIPS) for IHSS. Since the last survey was conducted in 1987, the need to gather new and updated information is necessary to evaluate the program. The study population will be all open IHSS cases and will include all modes of delivery of services. The data will be stratified by Severely Impaired (SI) and Non-Severely Impaired (NSI) cases.

The Electronic Data System (EDS) will use the CMIPS for IHSS to identify the SI and NSI statewide sample cases for this survey. A list of approximately 1400 specific sample cases and questionnaires will be sent to you in late April 1990. The study month for this survey will be March 1990. Completed questionnaires must be returned to the SDSS no later than June 4, 1990.


All Counties are requested to submit the name of a person to act as liaison for this survey. Please complete the enclosed form to transmit the liaison person information and return it to the SDSS

by March 12, 1990. You may direct this information, as well as any questions or comments relative to this survey, to:

State Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 19-84
Sacramento, CA 95814

Attention: Ms. Adelina Zendejas
(916) 323-4374 or ATSS 473-4374

Thank you for your cooperation.



DENNIS J. BOYLE
Deputy Director

Enclosure

cc: CWDA

IN-HOME SUPPORTIVE SERVICES
CHARACTERISTICS SURVEY
1990

COUNTY: _____

LIAISON NAME: _____

TITLE: _____

MAILING ADDRESS: _____

TELEPHONE: () _____

Return enclosure by March 12, 1990 to:

State Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 19-84
Sacramento, CA 95814

Attn: Ms. Adelina Zendejas